

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT

INSTALLATION REGISTRATION AND NOTIFICATION

FORM HN
CHECK ONE
☐ HAZARDOUS WASTE
USED OIL

TO COMPLETE THIS FORM		PROVIDE DATA OR MAKE CORRECTIONS TO PREPRINTED DATA AS NEEDED. NOTE: THIS IS A TWO SIDED FORM. FOR MORE INFORMATION CONTACT THE WASTE ACTIVITY AUDIT SECTION AT 1-800-237-7018 OR FAX TO: 615-532-0886. TO PAY ANNUAL FEES AND VIEW OTHER USEFUL INFORMATION, VIEW OUR WEBSITE AT: http://www.state.tn.us/environment/swm/								
RETURN COMPLETED FORMS TO:		TENNESSEE DEPARTMENT OF ENVIRONMEN WASTE ACTIVITY AUDIT SECTION 401 CH		ND CONSERVATION DIVISION DI VISION DI VISIONI D		O WASTE MANA NASHVILL	AGEMENT E, TN 37243-1535			
EPA ID NUMBER	•			GIA NUMBER		PREVIOUS EPA ID	NUMBER (IF YOU MOVED)			
BUSINESS NAME										
	•	STREET, ROAD, OR DIRECTIONS TO YOUR SITE (IDENTIFY	THE	PHYSICAL LOCATION OF YOUR FACILITY	/ - DO NOT USE	PO BOX NUMBERS	S HERE)			
DI IV (010 A I	(CITY STAT	E	ZIP	COUNTY					
PHYSICAL LOCATION	>	TN	J							
	F	PHONE FAX		E-MAIL						
	L									
BILLING		TO THE ATTENTION OF: ADDRESS		CITY		STATE	ZIP			
ADDRESS WHERE TO SEND NVOICES		FOREIGN PROVINCE		FOREIGN MAIL CODE	COUNTRY					
	(OWNER NAME AND ADDRESS ADDRESS		CITY		STATE	ZIP			
	F	FOREIGN PROVINCE		FOREIGN MAIL CODE	COUNTRY					
BUSINESS OWNER	-	PHONE FAX		E-MAIL				_		
	L	*OWNER CODE AND LAND CODE - SELECT FROM IST: Federal (F); State (S); Private (P); Indian (I); Cou Municipal (M); District (D); Oth	nty (C	C);	*OWNER	CODE	*LAND CODE			
	Т	TO THE ATTENTION OF: ADDRESS		CITY		STATE	ZIP			
MAILING										
ADDRESS	F	OREIGN PROVINCE		FOREIGN MAIL CODE	COUNTRY					
		NAME	Pl	PHONE EMAIL	1					
SITE MANAGE	R	>								
SITE HAZ WAS TECHNICAL CONTACT	STE	NAME	P	PHONE EMAIL						
EMERGENCY CONTACT		NAME	P	PHONE EMAIL						
CORPORATE H WASTE CONTA	HA.	Z NAME	P	PHONE EMAIL						
								_		

OTHER SITE INFORMATION		R SUPPLY (CHECK ALL THAT APP	LY)	SEWER (CHECK ALL THAT APPLY) SEPTIC TANK POTW NPDES OTHER
OTHER PERMITS WITH TDEC	(CHECK ALL THAT APPLY) SOLID WASTE AIR	WATER GROUNDWATER	HAZ WASTE TSDF	HAZ WASTE TRANSPORTER PERMIT BY RULE
	OF COMMONLY FOUND NAICS CODE		TIFIES THE INDUSTRIAL CLAS	LACES THE SIC CODE SYSTEM) SIFICATION OF YOUR SITE. IF NOT ON THIS CHECKLIST, THIS WEBSITE http://www.census.gov/epcd/www/naics.html
811198 ALL OTHE 811111 AUTOMOT 61131 COLLEGE 323111 COMMERC 339914 COSTUME 49211 COURIERS 81232 DRYCLEAN 332813 ELECTRO 221112 FOSSIL FL 62211 MEDICAL 49311 WAREHOL 332212 HAND AND 562211 HAZARDO 333414 HEATING I 221111 HYDROEL 32512 INDUSTRIN 337127 INSTITUTION	TIVE BODY, PAINT, AND INTERIOR RE R AUTOMOTIVE REPAIR AND MAINTE TIVE REPAIR (GENERAL) S, UNIVERSITIES, AND PROFESSION. CIAL GRAVURE PRINTING E JEWELRY AND NOVELTY MANUFACE S NING AND LAUNDRY SERVICES (NOT PLATING, PLATING, POLISHING, ANO JEL ELECTRIC POWER GENERATION AND SURGICAL HOSPITALS (GENERAL) DEDGE TOOL MANUFACTURING US WASTE TREATMENT AND DISPOSE EQUIPMENT (EXCEPT WARM AIR FUR ECTRIC POWER GENERATION AL GAS MANUFACTURING ONAL FURNITURE MANUFACTURING	ENANCE AL SCHOOLS TURING COIN OPERATED) DIZING, AND COLORING AL) SAL RNACES) MANUFACTURING	621511 MEDICAL LAI 335312 MOTOR AND 336211 MOTOR VEH 92811 NATIONAL SI 44111 NEW CAR DE 221113 NUCLEAR EL 32551 PAINT AND C 325412 PHARMACEL 325992 PHOTOGRAF 48621 PIPELINE TR 325211 PLASTICS M. 323114 PRINTING (Q 54171 RESEARCH / ENGINEERIN 326192 RESILIENT F 337215 SHOWCASE, 311942 SPICE AND E	
USED OIL	DIL (IDENTIFY USED OIL ACTIVITY SED OIL TRANSPORTER SED OIL TRANSFER FACILITY	AT THIS SITE - CHECK ALL THAT A USED OIL PROCESSO	OFF SPEC	IFICATION USED OIL BURNER R WHO DIRECTS SHIPMENT OF OFF SPECIFICATION TO OFF SPECIFICATION USED OIL BURNER
UNIVERSAL WASTE		RSAL WASTE ACTIVITY AT THIS S RIES LAMPS PESTICIDES THE		CHECK HERE IF THIS SITE IS A "UNIVERSAL WASTE DESTINATION FACILITY"
RECYCLING >	`	ACTIVITY AT THIS SITE) ERCIAL RECYCLER	NON-COMMERCIAL R	ECYCLER
ASSURE THAT QUALIFIED PE REPORTING SYSTEM OR THO	RSONNEL PROPERLY GATHER AND DSE PERSONS DIRECTLY RESPONSI PLETE. I AM AWARE THAT THERE AF	EVALUATE THE INFORMATION SUBLE FOR GATHERING THIS INFORT	BMITTED. BASED ON MY INQ MATION, THE INFORMATION	OR SUPERVISION ACCORDING TO A SYSTEM DESIGNED TO UIRY OF THE PERSON OR PERSONS WHO MANAGE THIS SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TION, INCLUDING THE POSSIBILITY OF FINE AND
	SIGNATURE OF AUTHORIZED REPI	RESENTATIVE		PRINTED NAME
	TITLE			DATE